

22 TAC §75.5. Prepaid Treatment Plans.

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- (a) "Prepaid treatment plan" means a written contract or agreement between an individual or person and a patient for services to treat a specific condition to be delivered in a defined number of visits in the future.
- (b) An individual or person or patient may cancel in writing a prepaid treatment plan at any time without cause.
- (c) An individual or person may not impose any fee or penalty for a patient's cancellation of a prepaid treatment plan.
- (d) After the cancellation of a prepaid treatment plan, an individual or person shall provide a patient a refund of all monies previously paid by the patient, minus the cost of any services or goods already provided, if any.
- (e) An individual or person shall refund any monies owed to a patient after cancellation of a prepaid treatment plan within 15 days.
- (f) An individual or person shall include details of any prepaid treatment plan in a patient's records.
- (g) In the prepaid treatment plan, an individual or person shall include the cost and description of any goods to be used to treat the patient's condition.
- (h) An individual or person may not modify a prepaid treatment plan without the written consent of the patient.
- (i) An individual or person who fails to comply with this section is subject to disciplinary action.
- (j) An individual or person shall comply with any applicable statutes or rules relating to prepaid treatment plans under the jurisdiction of the Texas Department of Insurance.

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- (a) A licensee may accept prepayment for services planned but not yet delivered, but must provide the following:
 - (1) The plan must be cancellable by either party at any time for any reason without penalty of any kind to the patient.
 - (2) Upon cancellation of the plan the patient shall receive a complete refund of all fees paid on a pro rata basis of the number of treatments provided compared to total treatments contracted.
 - (3) The plan must provide for a limited, defined number of visits.

(4) The patient's file must contain the proposed treatment plan, including enumeration of all aspects of evaluation, management, and treatment planned to therapeutically benefit the patient relative to the condition determined to be present and necessitating treatment.

(A) The patient's financial file must contain documents outlining any necessary procedures for refunding unused payment amounts in the event that either the patient or the doctor discharge the other's services or therapeutic association.

(B) The treatment plan in such cases where prepayment is contracted must contain beginning and ending dates and a breakdown of the proposed treatment frequency.

(5) A contract for services and consent of treatment document must be maintained in the patient's file that specifies the condition for which the treatment plan is formulated.

(6) If nutritional products or other hard goods including braces, supports, or patient aids are to be used during the proposed treatment plan, the patient documents must state whether these items are included in the gross treatment costs or if they constitute a separate and distinct service or fee.

(b) This rule does not create any exemptions from any requirements applicable under the Texas Insurance Code.